

# Disabled veteran businesses receive SBA contract preference

BY MICHAEL PEREZ

Every year at this time, the nation celebrates National Disability Employment Awareness Month. This year, the United States has thousands of servicemen defending our country and fighting the Global War on Terror in Southwest Asia and other parts of the world.

Many of these dedicated warriors could return home with disabilities as a result of their call to duty. Add these numbers to the already documented disabled veterans from previous wars, conflicts and tours of duty and the number can easily rise to nearly 2.5 million disabled veterans, according to the Department of Veterans Affairs.

In May, the U.S. Small Business Administration announced a new procurement program that will boost federal contract opportunities for service-disabled, veteran-owned small businesses (for more information, go to the SBA Web site: [www.sbaonline.sba.gov](http://www.sbaonline.sba.gov)).

The new program adds provisions for contracting officers to restrict contract awards to service-disabled veteran-owned small busi-

nesses. This applies whenever there is a reasonable expectation that at least two qualifying businesses are expected to submit bids at a fair market price.

It also allows awards of sole-source contracts to qualifying businesses when the anticipated contract price does not exceed \$3 million (\$5 million for manufacturing contracts).

This change to federal regulations is meant to improve opportunities for disabled veterans by encouraging contracting opportunities with the federal agencies.

Veterans and people with disabilities who want to learn more about opportunities are encouraged to go to the SBA Web site.

For more information on any federal agency, go to the Web site: [www.firstgov.gov](http://www.firstgov.gov). For Internet information regarding disability programs within the federal government, go to: [www.disabilityinfo.gov](http://www.disabilityinfo.gov).



# DOD expands anthrax, smallpox vaccination programs

Department of Defense is expanding its anthrax and smallpox immunization programs following an evaluation conducted by the military health system. Air Force officials released service-specific guidance recently.

Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, announced that the anthrax and smallpox vaccination programs would include selected units within U.S. Pacific Command, people in U.S. Central Command and other selected groups.

"The decision to protect additional personnel with these vaccines reflects our concern for their health and safety, as well as the continuity of essential operations," Dr. Winkenwerder said.

"When we began these vaccination programs, we stated that we would periodically review them, evaluating

the threats to our forces and vaccine availability," he said. "We recently completed such an evaluation and determined that the threat continues. In light of our successful implementation of these programs and the increased quantities of vaccine, we will include additional forces in the vaccination programs."

Before the anthrax vaccination program slowdown in 2000 and 2001, caused by an unexpected shortage of anthrax vaccine, servicemembers assigned to certain areas in the U.S. Pacific Command were included in the program. The resumption of the program in 2002, however, focused on the U.S. Central Command.

The expansion of the program announced by Dr. Winkenwerder resumes the anthrax vaccination program and begins the smallpox vaccination program in selected U.S. Pacific Command areas. It also expands the anthrax vaccination program within the U.S. Central Command.

Vaccination offers a necessary extra layer of protection — besides antibiotics and other measures — for servicemembers, emergency-essential civilians and contractors who carry out mission-essential services, DOD officials said.

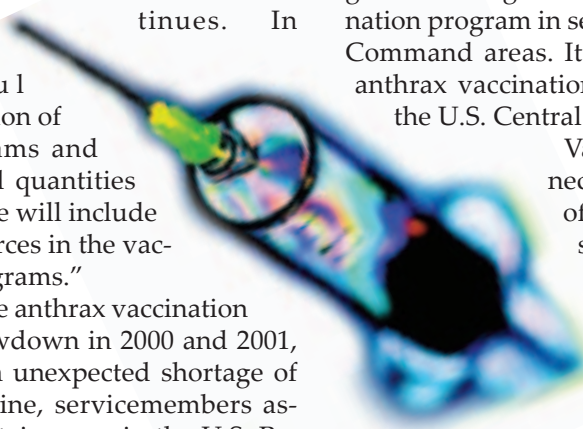
The program update will continue to include people assigned in or de-

ployed to designated higher-threat areas for 15 or more consecutive days. Officials will offer the vaccinations to family members in the geographic areas on a voluntary basis. They will also pursue vaccination, subject to appropriate people and contractor procedures, of emergency-essential civilian employees and comparable contractors in the specific geographic areas.

Currently, only people deemed to be at higher risk in specified units and geographic areas will receive the vaccines. Officials did not rule out vaccination of the total force at a future date.

Air Force immunizations under the policy update will begin as soon as units schedule vaccinations. For more information, visit the secure Web site at [https://www.xo.hq.af.mil/xos/xosf/xosfc/CCBRNE\\_resource/index.shtml](https://www.xo.hq.af.mil/xos/xosf/xosfc/CCBRNE_resource/index.shtml).

(Courtesy of Air Force Print News)



# Understanding is best defense against snake bites

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Snakes are perhaps the most feared and hated animals in New Mexico. Snakes are not mysterious at all, and these fascinating creatures don't deserve the anxiety many people feel about them.

Don't panic when you see a snake. You are not their food. Stand back about 10 feet and observe it. As long as you don't pose a threat, it won't get defensive.

Of the 46 snake species found in New Mexico, only eight are poisonous and potentially dangerous, including seven species of rattlesnakes and one coral snake. Five poisonous snakes are found around Kirtland.

Snakes are one of nature's most efficient mouse-traps, killing and eating a variety of rodent pests. Without predators like rattlesnakes, the world would soon be overrun with crop-eating, disease-carrying rodents such as mice and rats.

Poisonous snakes rarely bite, but encounters with snakes are fairly common. If you like outdoor recreation, the chances are very good that you will encounter a snake. In fact, if you do spend any amount of time outdoors, you probably have encountered a snake or two without realizing it.

The good news is that rattlesnake bites are rarely fatal. About 12 out of 8000 bites each year result in death, much less than 1 percent. Many more people die from bee stings or lightning.

It's often very difficult to distinguish a poisonous from a nonpoisonous snake. The best advice is to avoid these reptiles, and leave them alone and give them plenty of room if encountered. Snakes are timid and will usually avoid people, but if threatened they will protect themselves.

Many people think the sound of a rattle is a threat from an aggressive rattlesnake. It is actually the sound of fear from a shy animal afraid to be stepped on. The rattlesnake's first choice of defense is to remain silent and let the threat pass by, it takes a serious threat or a touch to provoke the rattling.

At least half of all bites are caused by foolish behavior: handling or taunting venomous snakes, or failing to move away from a venomous snake once it has been sighted. If you see a snake near a facility, contact Civil Engineering to have the snake relocated to a safer location in the desert. If you encounter the snake near a road or path away from nearby facilities, allow the snake to continue

on its way, giving it enough room to leave the area. Don't reach into places where snakes might hide and be especially cautious when reaching under items, or turning over rocks and other items. Be sure to look at

the far side of a boulder or log before stepping over it, many individuals have been bitten after stepping where they could not see a snake lying. In a nutshell, leave the snakes alone. The same advice applies to dead snakes and detached heads—reflex bites are as dangerous as bites from live snakes.

If you should get bitten, it is important to remain calm. Although local discomfort may be severe, systemic signs and symptoms may be delayed for several hours following the bite. Do not try to apply home remedies to the bite; many may cause more harm than the bite itself. According to the American Academy of Family Physicians, initial treatment should include avoiding excessive activity, immobilizing the bitten extremity and quickly transporting the victim to the nearest hospital.

